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04743 7590 04/13/2004

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Sharon M. Gintlich	(Depositor's name)
<i>Sharon Gintlich</i>	(Signature)
5/19/04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/668,314	09/22/2000	Mark Gurney	28341/6280NCP	1321

TITLE OF INVENTION: ALZHEIMER'S DISEASE SECRETASE, APP SUBSTRATES THEREFOR, AND USES THEREFOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	07/13/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
NICHOLS, CHRISTOPHER J	1647	435-325000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Pharmacia & Upjohn
2 Company
3 Thomas A. Wootton

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

Pharmacia & Upjohn Company

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Kalamazoo, Michigan

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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- ☒ Issue Fee
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